



## Arizona Department of Transportation

### Motor Vehicle Division

1801 W. Jefferson, Mail Drop 522M, Phoenix, Arizona 85007-3276

Phone (602) 712-8300 - Fax (602) 712-6782

		For Office Use Only		
Application Number	License Number	Date Received	Date Approved	Date Issued

## LICENSE APPLICATION - MOTOR VEHICLE FUEL/LIQUID USE FUEL SUPPLIER

### GENERAL OR LIMITED PARTNERSHIP

THIS APPLICATION MUST BE **TYPEWRITTEN OR COMPLETED IN INK**, IN ITS ENTIRETY AND BE **ACCEPTED AND APPROVED** BY THE ARIZONA DEPARTMENT OF TRANSPORTATION. A SUPPLIER LICENSE MUST BE RECEIVED **PRIOR TO ENGAGING IN BUSINESS IN THE STATE OF ARIZONA**. PLEASE MAIL THIS **ORIGINAL APPLICATION**, WITH THE APPROPRIATE ATTACHMENTS AND A **\$50.00 FEE**, TO THE ADDRESS SHOWN ABOVE.

1. APPLICATION ELECTION:

- a. Application is for a license to be either: ☐ Supplier, (or) ☐ Supplier with a blanket election.
- b. Application is for a license to be a ☐ Permissive Supplier with a blanket election.

A blanket election under a. or b. is made pursuant to Arizona Revised Statutes § 28-5636 and § 28-5747. By making this election the applicant agrees to treat all removals from all of its out-of-state terminals with a destination in Arizona as shown on the terminal-issued shipping paper or bill of lading as if the removals were removed across the rack by the applicant from a terminal in Arizona for all purposes.

2. Applicant's complete partnership name  
as shown on the partnership agreement

\_\_\_\_\_  
(Partnership)

3. Location of partnership office

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Area Code, Telephone Number, Fax Number)

4. All correspondence regarding this account  
is to be mailed to  
(Complete only if different than #3 above)

\_\_\_\_\_  
Street Address or P O Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Area Code, Telephone Number, Fax Number)

\_\_\_\_\_  
FOR CASHIER'S USE ONLY

- 5 a. Address where books and records are maintained  
(Complete only if different from #3 on page 1)
- \_\_\_\_\_  
(Street Address)
- \_\_\_\_\_  
(City) (State) (Zip Code)
- \_\_\_\_\_  
(Area Code, Telephone Number, Fax Number)
- b. Person to contact regarding all licensing activities
- \_\_\_\_\_  
(Name, Telephone Number, Fax Number)
- c. Person to contact regarding all tax reporting activities?
- \_\_\_\_\_  
(Name, Telephone Number, Fax Number)
- 6 a. List full name of general partners
- | Name  | Mailing address | Social security number |
|-------|-----------------|------------------------|
| _____ | _____           | _____                  |
| _____ | _____           | _____                  |
| _____ | _____           | _____                  |
- (For an Arizona partnership, include the name and social security number of all partners spouses. Attach a separate sheet if necessary. If the general partners' names, addresses, and social security numbers are included in the partnership agreement attached to this application, it is not necessary to repeat the information here.)
- b. List full name of limited partners
- | Name  | Mailing address | Social security number |
|-------|-----------------|------------------------|
| _____ | _____           | _____                  |
| _____ | _____           | _____                  |
| _____ | _____           | _____                  |
- (For an Arizona partnership, include the name and social security number of all partners spouses. Attach additional list if necessary. If the general partner's names, addresses, and social security numbers are included in the partnership agreement attached to this application, it is not necessary to repeat the information here.)
- c. Has the **partnership** or any of its general or limited **partners** been **convicted** of any felony or misdemeanor involving motor vehicle fuel or liquid use fuel (diesel) taxes? ☐ Yes ☐ No
- If yes, explain: \_\_\_\_\_
7. Has the partnership or any of its general or limited partners had any type of license involving motor vehicle fuel or liquid use fuel revoked within the last ten years? ☐ Yes ☐ No
- If yes, explain: \_\_\_\_\_
8. Federal Employer Identification Number. \_\_\_\_\_
9. Federal (637) Tax-Free Number \_\_\_\_\_
10. Is the partnership a current IFTA, IRP license with the Arizona Department of Transportation? ☐ Yes ☐ No
- If yes, please list license numbers: \_\_\_\_\_
- 11 Partnership history in the fuel business:
- a. How many years has the partnership been in the fuel business? \_\_\_\_\_
- b. How many years has the partnership been in the fuel business in the state of Arizona? \_\_\_\_\_
- 12 a. Does the partnership conduct business using either a d.b.a. / trade name? ☐ Yes ☐ No?
- If yes, list current d.b.a./trade name used: \_\_\_\_\_
- b. Will the partnership use this d.b.a./trade name when operating under this supplier license? ☐ Yes ☐ No
- c. Has the partnership conducted business in the past using a d.b.a.? ☐ Yes ☐ No
- If yes, list every prior d.b.a.: \_\_\_\_\_
- d. Does the partnership conduct any other business activity using a d.b.a.? ☐ Yes ☐ No
- If yes, list every d.b.a. used: \_\_\_\_\_

13. If the partnership is requested by the Arizona Department of Transportation to provide information on transactions **between** your partnership and other business entities, which type of request procedure would you prefer: **(Check one of the following)**
- ☐ Letter      ☐ Letter plus administrative subpoena      ☐ Administrative subpoena with statutory service

**YES   NO**

14. ☐ ☐ Are you registered under Section 4101 of the Internal Revenue Code for transactions in the bulk transfer terminal system?
15. ☐ ☐ Do you plan to be a shipper of record (position holder) on one of the commercial pipelines serving Arizona?
16. ☐ ☐ Do you plan to import fuel into Arizona from a foreign country?
17. ☐ ☐ Do you plan to import or export petroleum products into or out of Arizona from or to another state?
18. ☐ ☐ Do you plan to acquire fuel in a two-party exchange?
19. ☐ ☐ Do you plan to import fuel into Arizona as a position holder outside this state?
20. ☐ ☐ Do you plan to take title to the gasoline/diesel?
21. ☐ ☐ Do you plan to take physical possession of fuel in Arizona?
22. ☐ ☐ Do you plan to purchase gasoline or diesel blending stocks? (Other than oxygenates or jet fuel for winter blending of diesel)
23. ☐ ☐ Do you plan to blend these stocks into gasoline or diesel for resale?
24. ☐ ☐ Do you plan to purchase transmix, burner oil, road oil, or other petroleum products not normally labeled blending stock?
25. ☐ ☐ Do you plan to sell aviation fuel?
26. ☐ ☐ Do you manufacture and produce gasoline/diesel?
27. ☐ ☐ Do you expect to maintain bulk storage facilities in Arizona?
28. ☐ ☐ Do you plan to sell motor vehicle fuel, liquid use fuel, or blending stocks on consignment?
29. ☐ ☐ Do you have any petroleum product refining capabilities?
30. ☐ ☐ Do you own, control, or have a controlling interest in a refinery?
31. ☐ ☐ Do you have or plan to have a business location in Arizona? **("Business location" is defined as an actual office or facility location, an employee or agent, other than statutory agent, representing the company, or the ownership or leasing of a storage facility in Arizona.)** If yes, please list name(s) and addresses. \_\_\_\_\_
32. ☐ ☐ Does the partnership own or control other businesses in the petroleum industry (e.g. other suppliers, distributors, refiners, transporters, retail, terminal storage etc.)? If yes, explain \_\_\_\_\_
33. ☐ ☐ Does the partnership or any partner or manager own or control any petroleum business which operates in Arizona (e.g. other suppliers, distributors, refiners, transporters, retail, terminal storage etc.) If yes, explain \_\_\_\_\_
34. ☐ ☐ Does the partnership or any partner or manager own or control any petroleum transport equipment for use in Arizona? If yes, explain: \_\_\_\_\_
35. ☐ ☐ Were the prior operating year's financial statements, i.e. income statement, balance sheet, etc.:
- a. ☐ ☐ Certified?
- b. ☐ ☐ Reviewed?
- c. ☐ ☐ Compiled?
- d. ☐ ☐ None of the above?
- If the corporation does not have financial statements for the prior year, please explain \_\_\_\_\_
36. Please provide the name, address, and telephone number of the accounting firm and/or accountant that performed the above-mentioned service. \_\_\_\_\_
37. Licensing affiliations:
- a. List any partner or manager of this applicant that is or has been an officer, director, controlling shareholder, member, partner or sole proprietor of any entity which currently has or has had, within the last seven years, an Arizona Motor Vehicle Fuel Distributor's license, a Use Fuel Vendor's license, IFTA or IRP license. (Controlling shareholder means all shareholders if there are 15 or less; if more than 15 shareholders, shareholders with five percent or more ownership interest.) Provide the name of the account and the name and relationship of the person associated with the account holder. \_\_\_\_\_
- (Attach additional list if necessary)
- b. Is the Partnership or any partner currently, or have you been within the last seven years, a licensed distributor in another state? ☐ Yes ☐ No If yes, please list which states, periods involved and if currently operating in any state, please attach copies of those licenses. \_\_\_\_\_



AFFIDAVIT OF APPLICANT (S)

The undersigned hereby swears or affirms under penalty of perjury that I am duly authorized to make the foregoing Application, and hereby swear or affirm that the Application and all attachments are true and correct representation(s) of the premises to be licensed and agree that the place of business, if licensed, may be inspected during business hours, or at any time business is being conducted on the premises, by officials and agents of the Arizona Department of Transportation, for purposes of determining compliance with the Arizona Motor Vehicle Fuel and Liquid Use Fuel laws.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

\_\_\_\_\_  
Print or Type Applicant Name

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ My Commission Expires\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**WARNING**

**Read Carefully. This instrument is a sworn document. False answers could result in penalties and/or denial of your Application.**

**THE SIGNATURE OF THE APPLICANT MUST BE NOTARIZED**

**SUPPLIER BUSINESS ACTIVITIES CONDUCTED IN THE STATE OF ARIZONA PRIOR TO THE ISSUANCE OF A LICENSE SHALL BE SUBJECT TO SEVERE PENALTIES.**

**THE LICENSE SHALL NOT BE ASSIGNABLE AND SHALL BE VALID ONLY FOR THE PERSON, FIRM, OR CORPORATION TO WHOM ISSUED, AND SUCH LICENSE SHALL BE PLACED IN A CONSPICUOUS PLACE IN THE BUSINESS OR BUSINESSES FOR WHICH IT IS ISSUED, AND SO DISPLAYED.**

**THE INFORMATION PROVIDED IN THIS APPLICATION IS CONFIDENTIAL.**